PTO/SB/06 (03-01)
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U.S. Patent and Trademark Ciffice; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid CMB control number. Application or Docket Number 9/987709 PATENT APPLICATION FEE DETERMINATION RECORD 987788 Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN OR (Catumn 1) SMALL ENTITY (Catumn 2) SMALL ENTITY NUMBER FILED FOR MUMBER EXTRA RATE FEE RATE FEE BASIC FEE (37 CFR).16(a)) 790 <u> . 395</u> OR TOTAL CLASS 16 . <u>25.</u> . (37 CFR 1.16(cf) minus 20 a x :50 . OR INDEPENDENT CLAIMS x s<u>/DO</u> • x :200 -OR MULTIPLE DEPENDENT CLAIM PRESENT +:180 . 637 CFR 1.16(d) OR +:360. 790 If the difference in column 1 is less than zero, enter "T to column 2. TOTAL OR **D CLAIMS AS AMENDED - PART II** OTHER THAN 1.12.06 OR (Column 1) SMALL ENTITY SMALL ENTITY HIGHEST NUMBER PREVIOUSLY CLAMIS REMAINING PRESENT RATE ADD ADDI-TIONAL RATE AENŢ TOWAY FEE AFTER KCE EXTRA PAID FOR FEE Total (12 CFR) (1) 20 ماا æ 50 END O7 OFR 1,160,8 x . 100% x , 200 = OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 OFR 1.18(4)) 45T80. OR +:36Q TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) CLAUMS HIGHEST MUMBER PREVIOUSLY 8 PRESENT EXTRA RATE ADDI-TIONAL FEE RATE ADD1 5-23-06 AFTER TIONAL PAID FOR Total (Light) AD (C) ENDM - <u>حد</u>ه × 20 x :50 -OR OF OFFI LIBERT 3 3 x a 100 x :200. OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (27 CFR 1.15(0)) += 180 = +300-OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Cotumn 2) (Column 3) CLAIMS HIGHEST 8-4-06 REMAINING AFTER NUMBER PREVIOUSLY PRESENT RATE ADDI-TIONAL FEE RATE ADOs-**AMENDMENT EXTRA** TIONAL PAID FOR FEE Total gr cFR 1,16(d) Minut 15 20 x :<u>45</u> . × 1 50 : OR Independent G7 CFR 1.90m 3 x 1 400. x s.100 .= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1,16(4)) +:360. OR TOTAL ADD L FEE OR ADD'L FEE If the ordry in column 1 is less than the entry in column 2, write "O" in column 3.
 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, order "20".

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"If the Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter "20".

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